

Community Outreach Request Form



Event Information

Date of Request: _____

Name: _____ Organization: _____

Title/Role: _____ Email: _____

Address: _____

City: _____ Phone: _____

Event Details

Name of Event: _____ Date of Event: _____

Type of Event (please select): Health Fair Presentation Event Special Service Request

Other: _____

Address of Event: _____

City: _____ Zip: _____

Set-Up Time: _____ Start Time: _____

End Time: _____ Indoor/Outdoor Event: _____

Table Provided? _____ Chairs Provided? _____ Tent Provided? _____

Anticipated Attendance: _____

Is there a fee to participate? _____ If so, how much? _____

Event Target Audience (please select):

Infants/Toddlers Primary Grades (PreK-5th) Secondary Grades (6th-12th) Families

Seniors Young Adults/College Age Bilingual Veterans Community Partners

Males Females Special Population (please describe): _____

Special Requests: _____

Community Outreach Request Form Cont.



Premier enjoys participating in community efforts to ensure everyone has access to affordable healthcare. We will make every effort to assist you with our participation or by providing health education material. By submitting this request, we will be able to determine whether we can commit to your event based on staff availability and event logistics.

If you would like Premier to present to your group, attend an event or provide one-on-one assistance, please complete the above form and return it to:

Rachel Blasch
Community Services Specialist
rblasch@hcnetwork.org
Ph: 352-518-2000 ext. 9240
Fax: 352-567-8125

If you have any questions, please contact:

Nicole John
Community Services Manager
njohn@hcnetwork.org
Ph: 727-645-4185 ext. 5015